



As legal guardian of the enrolling child, I hereby consent to the athlete participating in Rock Solid Athletics activities including things like camps and classes.

#### **WAIVER OF LIABILITY**

In consideration for allowing my child to use Rock Solid Athletics' facilities and to participate, I PROMISE NOT TO SUE and FOREVER RELEASE Rock Solid Athletics, their members, employees, teachers, coaches, contractors and volunteers from all liability for any and all damages or injuries suffered by the athlete while under the instruction, supervision, or control of Rock Solid Athletics, including those resulting from acts of negligence.

#### **ACKNOWLEDGMENT OF RISKS**

I recognize that severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, ball sports, and climbing. I also understand that participation in activities including but not limited to after school programs and day camps involving transportation to and from the Rock Solid Athletics facility could cause injury or death in an automobile accident. I also understand that all Rock Solid coaches and staff will do the best they can to mitigate risks of infection. I am voluntarily allowing my child to participate in programs at Rock Solid athletics knowing it is impossible to

keep my child or myself or anyone else that enters the gym completely safe from a virus or any other infection. By sending my child, I am accepting that risk. Being fully aware of these dangers, I give consent for my child to participate in any and all Rock Solid Athletics programs and activities and I ACCEPT ALL RISKS associated with such participation.

#### **MEDICAL AUTHORIZATION**

In the event of an accident or emergency, I authorize the child to be transported to a hospital for medical treatment and I hold Rock Solid Athletics and their representatives harmless in doing so. I agree to individually provide for the possible future medical expenses which may be incurred by the child or myself as a result of any injury sustained while participating at, or performing for, Rock Solid Athletics.

#### **About COVID-19**

I understand that RSA is a child care facility licensed by the state of Texas. RSA will follow the directions of the Lubbock health department.

I agree to release Rock Solid Athletics of all liabilities inherent to participation as defined above.

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Child Name

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Parent Signature

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Date